



BOARD OF BEHAVIORAL SCIENCE EXAMINERS

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814
TELEPHONE: (916) 445-4933



CHANGE OF ADDRESS REQUEST and APPLICATION FOR REPLACEMENT DOCUMENT

For Office Use Only:

Cashiering No. _____

Approved by: _____

Date Ordered: _____

Please type or print clearly in ink. Be sure to provide all information. Allow 30 days for your change of address request to be processed.

1. If applicant/registrant, type of application on file: *(Check all that apply)*

- a. Registration as an Associate Clinical Social Worker ☐
- b. Registration as a Marriage, Family, and Child Counselor Intern ☐
- c. License as a Licensed Clinical Social Worker ☐
- d. License as a Marriage, Family, Child Counselor ☐
- e. License as an Educational Psychologist ☐

If licensee, licensed as a: *(Check all that apply)*

- f. Licensed Clinical Social Worker ☐
- g. Marriage, Family, Child Counselor ☐
- h. Licensed Educational Psychologist ☐

2. Name: _____
Last
First
Middle

3. Social Security Number: _____ - _____ - _____

4. BBSE File Number: _____ Registration or License Number: _____

5. **OLD** Address: _____
Number and Street
City
State
Zip Code
 Business Telephone: (____) _____ Residence Telephone: (____) _____

6. **NEW** Address*: _____
Number and Street
City
State
Zip Code
 Business Telephone: (____) _____ Residence Telephone: (____) _____

* The address you enter on this form will become public information. If you do not want your address available to the public, please provide your mailing address.

FOR OFFICE USE ONLY: Date changed: _____ By: _____ ATS ☐ CAS ☐

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature of Applicant/Licensee

APPLICATION FOR REPLACEMENT DOCUMENT

You may apply for a replacement of current renewal license or registration which will reflect your new address by completing the section below and returning it with the required documents and \$20.00 fee.

RENEWAL LICENSE OR REGISTRATION MUST BE RETURNED WITH THIS APPLICATION.

☐ I request the replacement of my current renewal license or registration (*FEE: \$20.00*).